

DOMESTIC VIOLENCE ASSISTANCE PROGRAM (DVAP) FY 2009/10  
**PROGRAM REPORT INSTRUCTIONS**

**COVER SHEET** – Please enter the information requested.

1. Recipient Name: The recipient name as it appears on the Grant Award Face Sheet.
  2. Grant Number: The number as it appears on the Grant Award Face Sheet.
  3. Fiscal Year: The beginning and ending dates of the grant period.
  4. Project Title: The complete title of the project as it appears on the Grant Award Face Sheet.
  5. Type of Grant: The program/type grant for project.
  6. Contact Person: The name of the individual who prepared the report.
  7. Address: The address of the recipient.
  8. Report Period: The beginning and ending dates of the period reported.
  9. Budget:
- Total Grant Award: The total project cost as it appears on the Grant Award Face Sheet including match amount.
- Total Funds Expended to Date: The amount expended (actually disbursed) as reflected on the most Report of Expenditures (Form 201) submitted.
- Total Funds Encumbered to Date: The expenses incurred but not yet paid.
- Total Grant Balance: The total grant balance (the total grant award minus the total funds as reflected on the most recently submitted Report of Expenditure (Form 201)).

**AGENCY DESCRIPTION FORM – Attachment 1** – Please enter the information requested in the section (as authorized in the Grant Award Agreement).

1. Positions Authorized in Grant Award Agreement:  
Names of budgeted staff.  
Positions/job titles of budgeted staff.  
Percentage of position on this grant/project.
2. Narrative - Discuss problems or delays in starting and/or implementing project, activities supporting the objectives currently not operational, areas which may need to be modified before the completion of the first six months of the grant period (e.g., budget changes, and/or modifications to program objective(s)).
3. Equipment – List all items of equipment purchased under this grant agreement, identify cost, date purchased/received and indicated if equipment tags are affixed. (Refer to 2006 Recipient Handbook, Section 2300 for further instructions.)
4. Staff and Volunteers – Indicate the number of all grant-funded staff and volunteers indicating race/ethnicity.
5. Volunteer Hours – Indicate the total number of direct service volunteer hours during this reporting period. Indicate whether direct service volunteers receive any additional training other than the 40-hour domestic violence training.

**PROGRESS TOWARD OBJECTIVES – Attachment 2** -- Report the documented numbers for the objectives listed.  
**PLEASE NOTE THAT A NEW VICTIM SERVED MAY BE COUNTED ONLY ONCE DURING EACH GRANT PERIOD UNLESS OTHERWISE NOTED.**

**1. TWENTY-FOUR HOUR CRISIS HOTLINE**

Provide an **unduplicated** service goal of all the number of Domestic Violence (DV) crisis calls to be received by the agency.

Description

Crisis calls may generate from the business center, administration office, out-reach center, etc. The project must maintain a daily, 24-hour crisis hotline. Crisis intervention and assistance to DV victims must be provided through this telephone response. Callers requesting batterer's programs/services information may not be counted in this objective.

However, significant others requesting information and services for a domestic violence victim may be counted.

## 2. COUNSELING

### Peer/ Individual

- A. Provide an **unduplicated** service goal of the number of new victims to receive peer/individual counseling by a DV Counselor. Provide a **duplicated** number of peer/individual counseling sessions to be held.

#### Description

Peer/Individual – The project must provide a means for DV victims to obtain individual counseling, when it is requested or deemed advisable by project staff. Paid or volunteer staff may provide this service as per Evidence Code 1037.1. These structured services should be provided at the shelter and/or business center. This requirement may also be met by the development and implementation of written procedures for referrals to qualified counselors and/or counseling agencies.

### Group Counseling

- B. Provide an **unduplicated** service goal of the number of new DV victims to receive group counseling services. Provide a **duplicated** service goal of the number of group counseling sessions to be held.

#### Description

Group Counseling – Interactive group counseling services provided, with staff and/or appropriately trained volunteer facilitators (pursuant to Evidence Code Section 1037.1), for at least two clients.

- C. Provide an **unduplicated** service goal of the number of new DV victims referred for individual counseling services. Provide an **unduplicated** service goal of the number of new DV victims referred for group counseling.

#### Description

When clients are referred for counseling, a minimum of three choices must be provided, where possible. Of these, only one can be staff, an active board member, or a volunteer of the project. When referral is made to a staff, board, or volunteer member, the member's role within the DVAP organization must be revealed to the client.

## 3. BUSINESS CENTER

Provide an **unduplicated** service goal of the number of new DV victims to be served in person at the business center.

#### Description

The project must have an established, widely known office location where assistance is provided to DV victims, accessible to all DV victims (**NOT** just those victims in need of shelter). At a minimum, business offices are open during routine business hours, e.g., 9:00 am – 5:00 pm. The walk-in office location, operated during routine business hours, should be established at a location separate and apart from any and all confidential shelter facility(s). The business center must have a street address where mail can be delivered.

## 4. EMERGENCY SHELTER FOR VICTIMS AND THEIR CHILDREN

- A. Provide an **unduplicated** service goal of the number of new adult DV victims to be sheltered. Provide an **unduplicated** service goal of the number of children to be sheltered.
- B. Provide an **unduplicated** service goal of the number of new adult DV victims to be referred outside the DV project for shelter. Provide an **unduplicated** service goal of the number of children to be referred outside the DV project for shelter.
- C. Provide the projected number of bed nights (# of beds occupied x # of nights.)

#### Description

The project must provide staffed confidential emergency shelter services for DV victims and their children/dependents. As per legislative statute, Penal Code 13823.15(f)(15)(B) &(C), emergency shelter services for domestic violence victims and their children are defined as:

(B) "...safe and confidential emergency housing on a 24-hour basis for victims of domestic violence and their children, including but not limited to, hotel or motel arrangements, haven, and safe houses."

(C) 'Emergency shelter' means a confidential or safe location that provides emergency housing on a 24-hour basis for victims of domestic violence and their children.

These shelter services must be provided daily, on a 24-hour basis, with “interim shelter” provisions in place if there is no availability in a designated emergency shelter. The project must have a children’s program and make arrangements for school age children to continue their education during their stay at the shelter.

## **5. EMERGENCY FOOD AND/OR CLOTHING FOR VICTIMS AND THEIR CHILDREN**

- A. Provide an **unduplicated** service goal of the number of new DV victims to receive emergency food/and or clothing by the project.
- B. Provide an **unduplicated** service goal of the number of new DV victims to be referred outside of the DV project for emergency food and /or clothing.

### **Description**

The project must provide a means for responding to the immediate food and clothing needs of DV victims and their children, including making arrangements for DV victims and their children not in the shelter. This requirement may be met by the development and implementation of written operational agreements for referrals to appropriate community organizations.

## **6. EMERGENCY RESPONSE TO CALLS FROM LAW ENFORCEMENT**

- A. Provide an **unduplicated** service goal of the number of new DV victims to be served by the project as a result of **referrals** from Law Enforcement (LE) agency. This is a **victim count** of the number of DV victims referred by LE.
- B. Provide a **duplicated** service goal of the number of times DV Advocates will respond to a **call from Law Enforcement agencies**. This is a **service count** of the number of times LE called the hotline and the advocate responds. This response can be by phone or in person.

### **Description**

The project must provide 24-hour telephone response to law enforcement agencies (in the service area) in the provision of emergency services to DV victims. Written operational agreements must be in place and include a description of how services are coordinated with local law enforcement agencies, e.g., detailing how referrals are made by law enforcement agencies; how these referrals are addressed; and whether or not there is a system in place for follow-up by the DV project. Projects must maintain a written protocol.

## **7. TWENTY-FOUR HOUR RESPONSE TO VICTIMS IN HOSPITAL EMERGENCY ROOMS, MEDICAL CLINICS AND/OR MEDICAL OFFICES**

- A. Provide an **unduplicated** service goal of the number of new DV victims to be served by the project as a result of hospital emergency rooms, medical clinics and/or medical office **referrals**. This is a **victim count** of the number of DV victims referred by a hospital emergency room, medical clinic and/or medical office.
- B. Provide a **duplicated** service goal of the number of times DV advocates will respond to a **call from a hospital emergency room, medical clinic and/or medical office**. This is a **service count** of the number of times a hospital emergency room, medical clinic and/or medical office personnel call the hotline and the advocate responds. This response can be by phone or in person.

### **Description**

The project must provide 24-hour telephone response to local hospital emergency rooms, medical clinics and/or offices within the service area to establish and/or maintain a plan for the treatment and assistance of DV victims. Written operational agreements must be in place and include a description of how services are coordinated with local hospital emergency rooms, e.g., how referrals are made by emergency rooms to the DV project; the procedures for how such referrals are responded to; and whether or not there is a system for follow-up by the DV project.

## **8. EMERGENCY TRANSPORTATION TO SHELTER/OTHER SAFE LOCATIONS**

- A. Provide an **unduplicated** service goal of the number of new victims to be provided with emergency transportation to the shelter or other safe location on a 24-hour basis.
- B. Provide a **duplicated** service goal of the number of times the project will provide non-emergency transportation.

#### Description

The project must provide a means for emergency transportation on a 24-hour basis to shelters or other places of safety as appropriate for DV victims and their children. The project should also provide a means for victims to receive non-emergency transportation. This can be met by providing vouchers, direct cash and/or by transporting the victim.

### **9. COUNSELING TO CHILDREN OF VICTIMS**

- A. Provide an **unduplicated** service goal of the number of children of new DV victims who will receive counseling.
- B. Provide a **duplicated** service goal of the number of counseling sessions to be held.
- C. Provide an **unduplicated** service goal of the number of children of new DV victims to be referred outside the DV project for counseling.

#### Description

The project must provide a means for children of DV victims to obtain counseling. The counseling must be goal-oriented, topic-focused and age-appropriate. Paid or volunteer staff may provide this service. These structured and facilitated services should be provided at the shelter and/or business center. This requirement may be met by developing an implementing written operational agreement for referring children to qualified counselors and/or counseling agencies.

When clients are referred for counseling, a minimum of three choices must be provided. Of these, only one can be staff, an active board member, or a volunteer of the project.

### **10. COURT AND SOCIAL SERVICE ADVOCACY FOR VICTIMS**

- A. Provide an **unduplicated** service goal of the number of new victims to be provided with social service advocacy.
- B. Provide an **unduplicated** service goal of the number of new victims to be provided with court advocacy.

#### Description

The project must provide a means of advocacy to DV victims when necessary to intervene on their behalf with the courts, e.g., district attorney; victim witness; etc., and social services agencies, e.g., Cal WORKS; schools; county offices; non-governmental social service providers, etc. Advocacy also includes accompanying victims to court and social service agency.

### **11. LEGAL ASSISTANCE FOR VICTIMS WITH TEMPORARY RESTRAINING ORDERS (TRO'S) AND OTHER PROTECTIVE AND/OR CUSTODY ORDERS**

Provide an **unduplicated** service goal of the number of new DV victims to receive legal assistance with TRO's, protective and/or custody orders by the DV project.

Provide an **unduplicated** service goal of the number of new victims to be referred for legal assistance with TRO's, protective and/or custody orders by the DV project.

#### Description

The project must have qualified staff to provide information and assistance to victims of DV in understanding, preparing and processing the legal documents necessary to obtain temporary restraining orders and other protective and/or custody orders. This requirement may be met by developing and implementing a written operational agreement with an appropriate referral agency.

### **12. ESTABLISH, MAINTAIN, AND PARTICIPATE IN THE LOCAL COMMUNITY SERVICE NETWORK TO ENSURE APPROPRIATE RESPONSE TO VICTIMS' NEEDS**

- A. Provide an **unduplicated** service goal of the number of collaborative meetings to be attended by the DV project.

#### Description

The project must establish itself as an active participant in the local public and private social services network, i.e., the local DV Council and any other collaborative DV partnerships, advocating for the timely and comprehensive response to DV victims' needs. Centers must maintain contact with all local agencies that are available to assist victims of DV and, when appropriate, must refer clients to those agencies.

- B. Provide an **unduplicated** service goal of the number of information and referral calls to be received by the agency.

Description

Information and referral calls may generate from the business center, administration office, out-reach center, etc. The project must maintain a daily, 24-hour hotline. Information and referral must be provided through this telephone response. Callers requesting batterer's programs/services information may not be counted in this objective. However, significant others requesting information and services for a domestic violence victim may be counted. If a crisis call then count will need to be separated.

- C. Provide a **duplicated** service goal of the number of DV referrals to be given outside of the agency.

Description

A referral resources list must be developed, maintained, and regularly updated which includes the following: law enforcement agencies, district and city attorney's offices, medical care providers, mental health treatment facilities, county departments of social services and child protective services, other domestic violence centers, rape crisis centers, victim/witness assistance centers, etc.

### 13. HOUSEHOLD ESTABLISHMENT ASSISTANCE TO VICTIMS

Provide an **unduplicated** service goal of the number of new DV victims to receive household establishment assistance by the project.

Description

Upon request by the client, the project must provide assistance to victims of DV in establishing a new residence, assisting with advocating for transitional or permanent housing placement, which includes furniture, food, transportation, cash donations, etc.

**Service Definitions** are provided by the **Office for Victims of Crime (VOCA)**, U.S. Department of Justice.

**Counseling** refers to in-person crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.

**Therapy** refers to intensive professional psychological and/or psychiatric treatment for individuals, couples, and family members related to counseling to provide emotional support in a crisis arising from the occurrence of a crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

**Group Treatment/Support** refers to the coordination and provision of supportive group activities and includes self-help, peer, social support, etc.

**Shelter/Safe House** refers to the offering of short and long-term housing and related support services to victims and families following victimization.

**Information/Referral (in-person)** refers to in-person contacts with victims during which time services and available support are identified.

**Telephone Contact** refers to contacts with victims during which time services and available support are identified. This does not include calls during which counseling is the primary function of the telephone call.

**Criminal Justice Support/Advocacy** refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.

**Emergency Legal Advocacy** refers to the filing of temporary restraining orders, injunctions, and other protective orders, as well as child abuse petitions, but does not include criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.

**Personal Advocacy** refers to assisting victims in securing rights, remedies, and services from other agencies; locating

emergency financial assistance; intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workman's compensation, unemployment benefits, welfare; accompanying the victim to the hospital, etc.

### **ATTACHMENTS LISTING FORM – Attachment 3**

List any materials and/or products that have been developed by your project during this reporting period, **as identified in your approved grant**. These items document the completion of required activities and may include educational and media materials protocols, educational curriculum, event announcements, videos, etc. If your agency does not have any materials/products to submit for this reporting period, complete this form by typing "N/A" on it.

### **PROGRAM NARRATIVE REPORT FORM – Attachment 4**

**Provide** detailed information on the following items:

1. Major accomplishments occurring within the reporting period;
2. Anecdotal stories of ways in which funds have been used to improve services to domestic violence victims/survivors in your community; and
3. Unanticipated outcomes experienced during this period,
4. Challenges and Barriers provide detailed information on any challenges and barriers faced by your project and any emerging issues in your community impacting domestic violence services.

**Note:** Include any additional information you may wish to provide.

# DOMESTIC VIOLENCE ASSISTANCE PROGRAM (DVAP) FY 2009/10

## DATA REPORT INSTRUCTIONS

- What and how to count** The data report should reflect counts of all clients served and services provided through your domestic violence program, not only those funded by the California Emergency Management Agency. Each table is identified as to the type of count (duplicate or unduplicated).
- Duplicate count** A duplicate count refers to counting multiple service units.
- Unduplicated count** An unduplicated count refers to counting a client only once for each type of service received during an entire fiscal year.
- Client definition** The term “client” is used throughout the report. Client is defined as the battered victim and/or children.
- ZIP code data** Please note that all ZIP code data reported are for only State use; no ZIP codes will be individually identified in any information released in public reports.
- Directions** Following are the directions for completion of this report.

Table Number	Title (Type of Count)	Instructions
N/A	N/A	Enter your agency’s name and grant number. Also enter the fiscal year, e.g., 2009/10, and the reporting period, e.g., July 1 thru September 30, to which this report applies.
1	Shelter Information (Unduplicated)	Indicate the information requested for Emergency Shelter. Identify the maximum stay and average length of stay in number of days (not months or weeks).
2	Race/ Ethnicity and Age (Unduplicated)	Have each client self-identify. Count each client only once. “Age of Client” is the age of the client at the time of entry into your domestic violence assistance program.
3	Client’s Gender (Unduplicated)	Count all clients (the battered victim and children) by gender and type of client (primary or secondary).  A primary client is the person who contacted the shelter as a result of being abused. Secondary clients are the children of the primary client.
4	Client’s Language (Unduplicated)	Identify the client’s (battered victim and children) primary language at the time of entry into services. Identify and include all other applicable languages and the number of clients for whom the primary language is unknown.
5	Family Size and Income (Unduplicated)	Include the client and dependent children (e.g., for three children living with the client and one grown child not living with the client, count the client and only three children for a total of four).  The annual income should reflect <u>only</u> the client’s annual income at time of entry into services; do <u>not</u> include the batterer’s income. The client’s income could include Supplemental Security Income (SSI), general or public assistance, and disability payments (short-term, long-term, State Disability Insurance, and Social Security Disability).

6	Relationship of Client to Batterer (Unduplicated)	<p>Identify the relationship of the battered client to the batterer:</p> <ul style="list-style-type: none"> <li>• related to offender (by blood, marriage, or former marriage);</li> <li>• currently or formerly in other intimate relationship (boyfriend/girlfriend, living or lived together, have a child in common, etc.);</li> <li>• other family or household member (in-law, sibling, grandparent, roommate, etc.);</li> <li>• dating relationship</li> <li>• acquainted (friends, neighbors, coworkers, schoolmates, roommates, etc.);</li> <li>• offender unknown or a stranger; or</li> <li>• type of relationship unknown</li> </ul>
7	Type of Abuse (Duplicate)	For the most recent abuse event for each client, choose all that apply.
8	Client Information (Duplicate)	<p>Count all clients (battered victim) into one of the three columns (yes, no, or unknown) for each of the questions.</p> <ul style="list-style-type: none"> <li>• Medical insurance includes Medicare, Medi-Cal, coverage of his or her own, or coverage under a spouse's or other person's insurance.</li> <li>• Mentally/Emotionally challenged should be marked "Yes" only if client self-identifies that they have a mental or emotional condition that limits their functioning.</li> <li>• Physically/Medically challenged should be marked "Yes" only if client self-identifies that they have a physical or medical condition that limits their functioning.</li> <li>• An older client is considered one that is 61 years of age or older.</li> <li>• Migrant Farm Workers are individuals whose primary occupation is tending/harvesting crops on a seasonal basis.</li> <li>• Gay/Lesbians should be marked "Yes" only if client self-identifies as being either gay or lesbian.</li> <li>• Immigrants are persons who have moved to the United States from their country of birth and are living here on a permanent basis.</li> <li>• Clients at Risk are individuals who are homeless, previously incarcerated, a sex worker/prostitute, etc.</li> <li>• Any clients with special needs other than those identified above should be included in the "Other Special Needs" category.</li> </ul>
9	Abuse Event Involved Drugs/Alcohol? (Unduplicated)	For each client's most recent abuse event, identify the applicable answer to both questions.
10	Age Period of Client's Sexual Assault (Duplicate)	Complete the information for each sexually abused client.
11	Weapon Used (Duplicated)	Select only one weapon used in the most recent abuse event for each client. Since only one type may be selected, choose the one that caused the most bodily harm or has led the client to seek domestic violence services..



12	Safety Status (Duplicate)	Identify the applicable responses to each question for each exiting client.  Please see additional information regarding “at entry” and “at exit” at the end of these instructions.
13	Type of Hotline Calls (Duplicate)	Count all domestic violence hotline calls your agency received during the reporting period. Categorize the calls into “crisis” or “information”. Also include a count of calls received on the hotline for which the purpose is either unknown or for something other than “crisis” or “information”..
14	Shelter Requested (Duplicate)	For each category, identify the number of times shelter was requested and the number of times shelter was provided after the request.
15	Reason Shelter not Provided (Duplicate)	For each category, identify the number of times shelter was requested but was not provided. Choose the most appropriate response.
16	Residential Status of Clients (Duplicate)	Duplicate counts are permitted in this table. Count multiple times if the status or type of service has changed per the categories listed.
17	FVPSA Outcomes	For each category, identify the number of surveys completed by clients.

**Entry” and “At Exit”** Table 14 shows changes in a client’s situation in certain circumstances before and after receiving a program of services at your agency. Report any changes in the services a client received during the reporting period (e.g., ended domestic-violence related services including any non-residential services; left Emergency Shelter).

**Definition of “At Entry”** Table 14 show changes in a client’s situation in certain circumstances before and after receiving a program of services at your agency. Report any changes in the services a client received during the reporting period (e.g., ended domestic-violence related services including any non-residential services; left Emergency Shelter).

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**Definition of “At Entry”** Table 14 show changes in a client’s situation in certain circumstances before and after receiving a program of services at your agency. Report any changes in the services a client received during the reporting period (e.g., ended domestic-violence related services including any non-residential services; left Emergency Shelter).

**STATE OF CALIFORNIA**  
**CALIFORNIA EMERGENCY MANAGEMENT AGENCY**  
**Domestic Violence Section**

1. Recipient Name: ➤  
2. Grant Number: ➤  
3. Fiscal Year: ➤ 8. Reporting Period: ➤

**PROGRAM REPORT**  
**Domestic Violence Assistance Program**  
**Cover Sheet**

4. Project Title: ➤  
5. Type of Grant: ➤  
6. Contact Person: ➤  
7. Address:  
    Street/P.O. Box ➤  
    City, State, Zip ➤  
    EMAIL Address: ➤  
    Phone Number: ➤ FAX Number: ➤  
9. Cal EMA Total Annual Grant Amount: ➤  
    (include match amount)  
    Total Cal EMA Funds Expended to Date: ➤  
    Cal EMA Items Encumbered but not Paid for: ➤  
    Total Cal EMA Grant Balance: ➤

**Please check one of the following:**

**Due Dates:** October 31 \_\_\_\_\_ January 31 \_\_\_\_\_ July 31 (Final) \_\_\_\_\_

**SUBMISSION INSTRUCTIONS**  
**CALIFORNIA EMERGENCY MANAGEMENT AGENCY**

Submit this form via Email of the following: (1) Program Report; (2) Data Report; and a complete set of all attachments (to include one copy of all news releases and products and/or materials developed during the reporting period) to:

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY**  
**Domestic Violence Assistance Program (DVAP)**  
**Attn: Domestic Violence Section**  
**3650 Schriever Avenue**  
**Mather, CA 95655**

REVIEWER'S COMMENTS (for Cal EMA use only):



\_\_\_\_\_  
Program Specialist

\_\_\_\_\_  
Date

STATE OF CALIFORNIA  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
Domestic Violence Section

Recipient Name:

Grant Number:

Fiscal Year: **2009/10**

Reporting Period:

**AGENCY DESCRIPTION FORM - Attachment 1**

**1. Positions Authorized in Grant Award Agreement** (add additional pages if necessary)

	<u>Name of Staff</u>	<u>Position</u>	<u>Duties</u>	<u>Funded %</u>
1				
2				
3				
4				
5				
6				
7				

Has there been a delay in hiring project personnel? ☐ YES ☐ NO If YES, explain.\*

Have any of the job duties, as detailed in the Grant Agreement, changed? ☐ YES ☐ NO If YES, explain.\*

Have vacancies occur red in Cal EMA funded positions? ☐ YES ☐ NO If YES, explain.\*

**2. On a separate page, please provide a detailed narrative covering the following areas:**

- a. Problems or delays experienced in starting and/or implementing the project.
- b. Activities supporting the Objectives which are not currently operational.
- c. Areas that may need to be modified before the first six (6) months of the grant period are completed (e.g., budget changes and/or modifications to program objective(s)).

**Is technical assistance needed by Cal EMA staff?** ☐ YES ☐ NO If YES, explain.\*

If yes, discuss technical assistance needed.

**3. Equipment:**

☐ YES ☐ NO

If the Grant Agreement allows for equipment purchases, has any equipment been purchased?

	<u>Equipment</u>	<u>Cost</u>	<u>Date Ordered/Rec'd</u>
1			
2			
3			
4			

If your equipment purchases exceed the space above, please attach a separate sheet to this report.  
Please detail any problems encountered in ordering/receiving grant equipment.

\*Use additional pages if needed

4. Identify the **number** and **race/ethnicity** of staff and direct service volunteers:

(a)	(b)	(c)
Race/Ethnicity	# of Staff	# of Volunteers
White		
Hispanic/Latina/o		
African-American/Black		
Asian/Pacific Islander		
Native American		
Multi-Ethnic		
Other		
Unknown		
<b>TOTAL</b>		

5. Number of direct service volunteer hours worked during this reporting period:

a. Identify the types of jobs/tasks volunteer staff perform (check all that apply):

☐ Community Outreach

☐ Bi-Lingual Services

☐ Advocacy

☐ Childcare

☐ Transportation of Clients

☐ Hotline

☐ Fund Raising

☐ Office Work

☐ Accompaniment

☐ Other (please specify)

  
  
  


b. Do all direct service volunteers receive training during the grant period (in addition to the 40-hour domestic violence training)?

☐ Yes ☐ No

If no, please explain:

STATE OF CALIFORNIA  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
Domestic Violence Section

Recipient Name:

Grant Number:

Fiscal Year: **2009/10**

Reporting Period:

**California Emergency Management Agency**

**PROGRESS TOWARD OBJECTIVES - Attachment 2**

(A)		(B)	(C)	(D)	(E)	(F)	(G)
Projected No.		Objectives	7/1 through 9/30	10/1 through 12/31	1/1 through 3/31	4/1 through 6/30	Total to Date
1.		Number of unduplicated crisis calls received by the agency through the hotline.					
2. a.		Total unduplicated number of new victims receiving peer/individual counseling by a DV Counselor (as per Evidence Code 1037.2)					
2.a1		Total duplicated number of Peer/Individual Counseling sessions held.					
2b.		Total unduplicated number of DV victims receiving group counseling services.					
2.b1		Total duplicated number of group counseling sessions held.					
2c.		Total unduplicated number of new DV victims referred for individual counseling services.					
2d.		Total unduplicated number of new DV victims referred for group counseling services.					
3.		Total unduplicated number of DV victims served at the Business Center.					
4. a.		Total unduplicated number of new DV victims sheltered.					
4.b.		Total unduplicated number of new DV victims referred for shelter outside the DV project.					
4.c.		Total number of bed nights = (no. of beds occupied x no. of nights)					
5. a.		Total unduplicated number of new DV victims receiving emergency food and/or clothing by the project.					
<sup>b</sup> 5.b		Total unduplicated number of new DV victims referred outside the DV project to receive emergency food and clothing.					
6. a.		Total unduplicated number of new DV victims served by the project as a result of referrals from Law Enforcement.					

STATE OF CALIFORNIA  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
Domestic Violence Section

Recipient Name:

Grant Number:

Fiscal Year: **2009/10**

Reporting Period:

**California Emergency Management Agency**

**PROGRESS TOWARD OBJECTIVES - Attachment 2**

(A)		(B)	(C)	(D)	(E)	(F)	(G)
Projected No.		Objectives	7/1 through 9/30	10/1 through 12/31	1/1 through 3/31	4/1 through 6/30	Total to Date
6.b.		Total duplicated number of times DV Advocates responded to a call from Law Enforcement agencies.					
7. a.		Total unduplicated number of new DV victims served by the project as a result of hospital emergency rooms, medical clinics and/or medical office referrals.					
7.b.		Total duplicated number of times DV Advocates responded to an emergency call from a hospital emergency rooms, medical clinics and/or medical office referrals.					
8. a.		Total unduplicated number of new DV victims provided emergency transportation to the shelter or other safe locations on a 24-hour basis.					
8.b.		Total duplicated number of times the project provided non-emergency transportation to DV victims.					
9. a.		Total unduplicated number of children of new DV victims who received counseling.					
9.b.		Total duplicated number of counseling sessions held.					
9.c.		Total unduplicated number of children of new DV victims referred outside the DV project for counseling.					
10. a.		Total unduplicated number of new DV victims provided Social Service advocacy services.					
10.b.		Total unduplicated number of new DV victims provided court advocacy services.					
11. a.		Total unduplicated number of new DV victims receiving legal assistance with TROs, protective and/or custody orders by the DV project.					
11. b.		Total unduplicated number of new DV victims referred to an outside agency for legal assistance with TROs, protective and/or custody orders.					

STATE OF CALIFORNIA  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
Domestic Violence Section

Recipient Name:

Grant Number:

Fiscal Year: **2009/10**

Reporting Period:

**California Emergency Management Agency**

**PROGRESS TOWARD OBJECTIVES - Attachment 2**

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Projected No.	Objectives	7/1 through 9/30	10/1 through 12/31	1/1 through 3/31	4/1 through 6/30	Total to Date
12. a.	Total unduplicated number of collaborative meetings attended by the DV project.					
12.b.	Unduplicated number of DV information/referral calls received by the agency.					
12.c.	Duplicated number of DV referrals given by the agency.					
13.	Total unduplicated number of new DV victims receiving household establishment assistance by the project.					
<b>NEW CLIENTS SERVED -- Unduplicated</b>						
	Number of Adults to age 60 (includes minors living independently as adults)					
	Age 61+					
	Unknown					

STATE OF CALIFORNIA  
CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
Domestic Violence Section

Grant Number:

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## ATTACHMENTS LISTING FORM - Attachment 3

Please list below any materials and/or products that have been developed by your project during this reporting period, as identified in your approved grant. These items document the completion of required activities and may include educational and media materials protocols, educational curriculum, event announcements, videos, etc. If your agency does not have any materials/products to submit for this reporting period, complete this form by typing "N/A" on it.

**NOTE: Copies of the materials/products listed below AND any published news releases should be included with this report. Please number each attachment.**

[illegible]



## Domestic Violence Assistance Program

Fiscal Year:

2009/10

Quarter:

7/1 - 9/30

10/1 - 12/31

1/1 - 3/31

4/1 - 6/30

Table 1		Shelter Information (unduplicated count)		
Zip Codes of Shelters	Number of Shelters This Zip Code	Emergency Shelter		
		Number of Beds	Maximum Stay (# of days)	Average Length of Stay (# of days)

[illegible]

Table 3	Client's Gender	
	(unduplicated count)	
	Primary Client	Secondary Client
Male		
Female		
Other		
Unknown		
Total		

Table 4	Language (unduplicated count)
English	
Spanish	
Asian	
Other (specify below)	
Unknown	
Total	

[illegible]

Governor's Office of Emergency Services  
Domestic Violence Section  
**DATA REPORT**  
Domestic Violence Assistance Program

Recipient Name:

Grant Number:

<b>Table 6</b>	Relationship of Client to Batterer (unduplicated count)
	Number
Client related to offender	
Client currently or formerly in intimate relationship with offender	
Other family or household member (in-law, sibling, grandparent, roommate, etc.)	
Dating relationship	
Client acquainted with offender	
Offender unknown to client	
Not answered/unknown	

<b>Table 7</b>	Type of Abuse (duplicate count)
	Number
Psychological/Emotional	
Physical	
Threat of physical violence	
Total of "Domestic Violence"	
Sexual	
Threat of sexual violence	
Total of "Sexual Assault"	
Stalking	
Unspecified or Unknown	
Total	

<b>Table 10</b>	Age Period of Client's Sexual Assault (complete only if client was sexually abused) (duplicate count)
	Number
Client sexually assaulted as child	
Client sexually assaulted as adolescent (age 14+) or as adult	
Age period of sexual assault unknown	

<b>Table 11</b>	Weapon Used (duplicated count)
	Number
No weapon used	
Gun	
Cutting or piercing instrument	
Blunt object	
Bodily force	
Other weapon	
Unknown	
Total	

Table 8	Special Needs Client(self reported) (duplicate count)		
	Yes	No	Unknown
Has Medical Insurance?			
Mentally/Emotionally challenged?			
Ltd Eng proficiency			
Physically/Medically challenged?			
Older Client?(61+)			
Gay/Lesbians?			
Immigrants?			
Client at Risk?			
Other Special Needs			

Table 9		Abuse Event Involved Drugs/Alcohol? (unduplicated count)		
		Yes	No	Unknown
Client				
Batterer				

Table 12		Safety Status (duplicate count)	
p		At Entry	At Exit
Safety plan in place?			

<b>Table 13</b>	Type of Hotline Calls (duplicate count)
	Number
Crisis Calls	
Information Calls	
Other	
Unknown	
Total	

Governor's Office of Emergency Services  
Domestic Violence Section  
**DATA REPORT**  
Domestic Violence Assistance Program

Recipient Name:

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Table 14 Shelter Requested (duplicate count)		
	During Hotline Call	Other than Hotline Call
Requested		
Provided		
Difference		

Table 15 Shelter		
	Adults	Minors
Shelter not needed		
Shelter full		
Shelter not appropriate		
Referral to another shelter		
Other		
Unknown		
Total		

Table 16 Residential Status of Clients (duplicate count)	
	Number
Shelter Residents	
Non-Residential	

Table 17 FVPSA Outcomes			
	# Surveys Complete	# Yes - Resource outcome	# Yes - Safety outcome
Shelter			
Support Services & Advocacy			
Support Groups			
Counseling			
Total			